

# Louisiana State Board of Nursing

17373 Perkins Road

Baton Rouge, LA 70810

Telephone: (225) 755-7500 Fax: (225) 755-7583

<http://www.lsbns.state.la.us>

## EMPLOYER'S AGREEMENT

**Directions:** Employer(s) must review this individual's Board Order/Agreement prior to the individual beginning or returning to work (including orientation) and prior to completing this form, as applicable: 1) **Employees with continuous employment (current employee who has retained employment and now has a Board order):** Mail this agreement to the Board office within 5 days of this individual returning to work. 2) **For all employees enrolled in the Recovery Nurse Program (RNP):** After mailing this agreement to the Board office, employer(s) must obtain Board staff approval prior to this individual beginning work/orientation.

### NURSE/APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Position of Individual: \_\_\_\_\_ Shift: \_\_\_\_\_  
(7-3, 3-11, 11-7 etc.)

### EMPLOYER INFORMATION

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

### Please provide contact information to include:

1. Director of Nursing: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. **Direct** RN Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_  
Shift: \_\_\_\_\_  
(7-3, 3-11, 11-7 etc.)

3. Party authorized to complete **Performance Evaluation**: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

The above named individual has been ordered or agreed to work with restrictions in the health care setting. Special monitoring procedures are required to facilitate safe practice and public safety. It is essential that the employer participate in this part of the monitoring requirements.

The employee should have given you a copy of the Order or Agreement before returning or beginning employment with you, and at a minimum within 5 days of the Order/Agreement.

The following items are requested of the employer:

1. The individual must be **directly supervised** by an **on-site** registered nurse who is higher on the organizational chart than the individual being monitored.
2. A nursing supervisor should be designated to serve as the contact person at the facility.
3. The supervisor or designated administrative person will submit a written report of the individual's job performance each month or quarterly, depending upon the specified stipulations in Order/Agreement. This report is to be mailed to the Board by the employer.
4. Notify the Board in writing if any change in the direct RN supervisor.
5. Immediately notify the Board of any adverse reports, or performance issues, or any other violations of the Nurse Practice Act.
6. The following restrictions will apply for RNP participants unless participant is able to provide employer with documentation from the Board that restrictions no longer apply:
  - Shall not work nights (11 p – 7 a) or more than 40 hours per week.
  - Shall not work in high stress areas (ICU, CCU, ER, RR, etc).
  - Shall not carry controlled substance/narcotics keys or administer same.
  - Shall not work as a APRN
7. If working as an unlicensed personnel, individual may not legally perform, nor be assigned, nursing duties other than those allowable to other unlicensed nursing personnel.
8. The individual may be required to submit to supervised urine drug screens to be collected at prearranged laboratory or a screening facility per body fluid analysis policy of LSBN.
9. Additional terms may be specified in the Board Order or Agreement.

**Your cooperation is appreciated.**

☐ **I have received and reviewed the Board Order/RNP agreement.**

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Director of Nursing/Supervisor

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(Date)

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(Nurse/Applicant Signature)

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(Date)

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(Board Staff)

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(Date)